

APPLICATION FOR NATIONAL LERT MEMBERSHIP

Use of this Form is Restricted to National LERT Personnel; the proponent agency if the Directorate of Logistics, HQ USACE

PART I - ADMINISTRATIVE DATA

a. NAME (Last, First, Middle)		b. ORGANIZATION		c. JOB SERIES		d. GRADE / STEP	
e. JOB TITLE		f. DOB		g. SEX		h. EYES	
i. HAIR		j. HIGHT		k. WEIGHT		L. SHIRT SIZE	
m. DRIVER LICENSE NUMBER AND STATE		n. EXPIRATION		o. USACE ORG CODE			
Do You have a Government Credit Card? YES () NO () Expiration		Do You have a Passport? If Yes, what type of Passport and please provide the expiration date? NO () Official Government () Personal () Expiration Date:		Are you an Exempt () or Non-exempt ()			

PART II - NOTIFICATION INFORMATION

a. EOC POC NAME		b. WORK PHONE		c. FAX NUMBER		e. HOME PHONE		f. E-MAIL ADDRESS	
g. MEMBER'S HOME PHONE		h. MEMBER'S WORK PHONE		i. MEMBER'S PAGER NUMBER & PIN		k. HOME FAX / E-MAIL NUMBER			
L. APPLICANT'S STREET ADDRESS:				n. CITY		o. STATE & ZIPCODE			

PART III - QUALIFICATION EXPERIENCE

a. DESCRIPTION OF LOGISTICS BACKGROUND AND EXPERIENCE (Military and Civilian)									
b. LOGISITCS TRAINING (Military and Civilian)									
c. DESCRIPTION OF DISTASTER OR EMERGENCY RESPONSE EXPERIENCE									

PART IV - QUALIFICATION SKILLS

The following skill categories are used to determine potential for specific positions in on the LERT. Using a scale ranging from 1 to 5; where 1 indicates professionally recognized expert status, 2 indicates above average capability, 3 indicates capable, 4 indicates rudimentary understanding, and 0 indicates no expertise, the applicant shall rate his or herself for each skill. When expert is checked a bullet comment is required.

a. AIRLIFT COORDINATOR	b. VEHICLE FLEET MANAGER	c. CARGO SPECIALIST	d. CORPS TRAVEL SPECIALIST	e. CDL / TRUCK DRIVER / OPER
f. FORKLIFT OPERATOR	g. CRANE OPERATOR	h. MAINTENANCE TECHNICIAN	i. LODGING COORDINATOR	j. BUILDING SPACE UTILIZATION
k. FACILITIES OPERATIONS	L. SUPPLY SPECIALIST	m. INVENTORY PROP CONTROL	n. PROPERTY BOOK OFFICER	o. WAREHOUSE SPECIALIST
p. RECEIVING ISSUE CLERK	q. CEFMS OPERATOR	r. COR & SPEC QA/QC	s. CONSTRUCTION REPRESENTATIVE	t. ADMIN / TIME SPECIALIST
u. RESOURCE MANAGMENT	v. APPMS OPERATOR	w. COMMO SPECIALIST	x. HTRW SPECIALIST	y. COMMODITY MANAGER

z. BULLET COMMENTS

PART V - MEDICAL CERTIFICATION

a. LIST ALL HEALTH, PHYSICAL , AND HANDICAP RESTRICTIONS (If none, you must state "No Restrictions")

b. **CERTIFICATION:** I am currently in good health and physical condition. I understand that the performance of duties as a member of the LERT may require endurance and physical stamina beyond the scope of normal civil service duties and I fully understand that my signature certifies that I could meet these requirements. I understand that it is my responsibility to notify the LERT National Manager in the event my physical status changes my readiness to deploy. My signature certifies that I am physically capable to perform emergency response duties and I have not concealed any physical, health and handicap restrictions at this time. I certify that all of the above information is correct and my qualifications are factual.

SIGNATURE _____

DATE _____

PART VI - EMERGENCY NOTIFICATION

a. In Case of Emergency Notify:

b. RELATIONSHIP

c. HOME PHONE

d. WORK PHONE / FAX

e. ADDRESS

PART VII - AUTHORIZATIONS

I understand that the above information is true and I agree to release this individual for temporary duty assignment on the USACE National LERT for training exercise and actual activation for a period of 30 to 60 days. I agree that full LERT members may be notified individually or through their EOC coordinators within 72 for possible deployment. I understand that deployment is considered on an individual basis. I also understand that there will be no deployment of my personnel without the member's concurrence or supervisors approval of employee availability.

a. NAME OF 1st LINE SUPERVISOR

SIGNATURE

DATE

GRADE / RANK, SERIES / BRANCH, DUTY ASSIGNMENT

b. NAME OF 2nd LINE SUPERVISOR

SIGNATURE

DATE

GRADE / RANK, SERIES / BRANCH, DUTY ASSIGNMENT

c. NAME OF CDR / DEPUTY / EXEC ASSISTANT

GRADE / RANK, SERIES / BRANCH, DUTY ASSIGNMENT

**PART VII - LERT ASSESSMENT
(LERT National Use only)**

a. LERT MANAGER ASSESSMENT

ACCEPT APPLICANT () PLACE ON THE RESERVE ROSTER () REJECT APPLICANT () REVIEW ON _____

b. POSITION & UMR CODE

c. JOB TITLE AND EM CODE

d. LERT ID NUMBER

e. JUSTIFICATION

f. GROUP ASSIGNMENT

g. DATE ENTERED INTO
LERT PERSONNEL ROSTER

h. PERSON
ENTERING DATA

i. TRAINING NEEDS AND POTENTIAL FOR OTHER POSITION CODES

j. CURRENT STATUS
(Use pencil only)

k. REVIEWER REMARKS